

ATTACHMENT G
Safety Meeting Log

Safety Meeting Log

Project:		Location:	
Date / Time:		Activity:	
1. Work Summary			
2. Physical Chemical Hazards			
3. Protective Equipment/Procedures			
4. Emergency Procedures			
Is there anyone with any medical conditions that they would like the team to know about? For example: Medic Alert, Allergic to bee stings, nitro for chest pains, etc.			
Location of medical equipment: fire extinguishers, first aid kit, route to hospital, auto-injectors, etc.			
5. Signatures of Attendees			